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Signature

ney's Docket No.: 42P11384 Patent In re the Application of: Miguel N. Bermudez (inventor(s)) Application No.: <u>09/895,426</u> Filed: June 28, 2001 For: CAUTION ESD LABEL WITH DOUBLE MAC ADDRESS NUMBER LABEL ATTACHMENT (title) Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 SIR: Transmitted herewith is an Amendment and Response for the above-referenced application. Applicant claims small entity status. See 37 CFR 1.27. Additional fee is required for an Extension of Time The fee has been calculated as shown below: OTHER THAN A **SMALL ENTITY SMALL ENTITY** (Col. 1) (Col. 2) (Col. 3) Claims Highest No. Remaining Previously Present Additional Additional After Amd. Paid For Extra Rate Fee Rate Fee Total \$ 19 Minus 26 X25 X50 0 Claims Indep. \$ 0 3 3 0 X200 | \$ Minus X100 Claims First Presentation of Multiple +180 | \$ +360 | \$ Dependent Claim(s) If the entry in Col. 1 is less than the entry In Col. 2, Total Total \$ \$ 0 write "0" in Col. 3. Add. Fee Add. Fee If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable) I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 January 6, 2005 Date of Deposit Adrian Villarreal Name of Person Mailing Correspondence

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| | A check in the amount of \$ is attached for presentation of additional claim(s). |
|---------|---|
| X | Applicant(s) hereby Petition(s) for an Extension of Time of one month(s) pursuant to 37 C.F.R. § |
| | 1.136(a). |
| X | A check for \$ 120.00 is attached for processing fees under 37 C.F.R. § 1.17. |
| | Please charge my Deposit Account No. 02-2666 the amount of \$ |
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| | X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of |
| | extra claims. |
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| | BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP |
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